



VARIANCE PRE-APPLICATION REVIEW

TYPE OF VARIANCE:

Administrative: <input type="checkbox"/>	Administrative Minor: <input type="checkbox"/>	Minor: <input type="checkbox"/>
Primary: <input type="checkbox"/>	Secondary/Interpretation: <input type="checkbox"/>	River Corridor: <input type="checkbox"/>
Subdivision Regulations: <input type="checkbox"/>	Other: <input type="checkbox"/>	

Applicant: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Subject Property Address: _____ Tax PIN(s): _____

Existing Zoning: _____

Zoning Case History: _____

Land Lot(s): _____

District: _____

Subdivision Name: _____

Unit/Phase: _____

Lot No. (s): _____

Total Acreage: _____

Council District: _____

Lot Frontage: _____

Future Land Use: _____

Owner: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Representative: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Overlay District (if applicable): _____

Topo Map Required? _____

Stream(s) within 100' of subject property Yes ☐ No ☐

City Arborist visit required to verify Streams (Michael Barnett 770-206-1572) Yes ☐ No ☐

Notified applicant of required plans Yes ☐ No ☐ Verified compliance with other regulations Yes ☐ No ☐

Planner Initials _____

REQUESTED VARIANCES:

Article/Section:_____ Request:_____

Article/Section:_____ Request:_____

Article/Section:_____ Request:_____

Article/Section:_____ Request:_____

ADDITIONAL INFORMATION: _____

ATTENDANCE IS REQUIRED AT THE FOLLOWING MEETINGS: _____

APPLICANT’S SIGNATURE: To the best of my knowledge, this pre-application review is correct and complete. If additional variances are determined to be necessary, I understand that I am responsible for filing an appeal as specified by Article XXII of the City of Sandy Springs Zoning Ordinance.

Applicant:_____ Date_____

Planner:_____ Date:_____